OSAS		002		521549-
Office of the Secretary of State		\$460.		
Corporations & Charities Division	FILED	: da:356	1055	
Filing Fee, non-profit corp: \$30	AUG 0 7 2017	1		
Filing Fee, all others: \$180	WA SECRETARY OF STA	TE		
With Expedited Service: add an additional \$50		For office	use only	·
FOREIGN REGISTR SEE INSTRUCTIONS BEFORE COMPLETING FORM				
1. Entity Information				
Entity Name, including entity designation (as recorded in the home jurisdiction): Ring Protect Inc.			pplicable):	
If above name not available, name to be used in WA:		-		
Type of Entity (Profit Corp. LLC, etc.; If LP, Indicate whether it is an LLLP): profit corporation	ntity (Profit Corp. LLC, etc.; if LP, indicate whether it is an LLLP): profit corporation		ormation: 5/19/	
Term of Existence: Perpetual Existence, or Sp	ecific Term of Existence	Number o	of years or	date of termination:
Jurisdiction of Formation (State or Country): Delaware	Date entity first did or intends t September 15, 2017	o do business	in WA (ad	d7. fees may apply):
EffectiveDate: Upon Filing, or SpecificDate:	Enter Specific Date:	AFTER th	(Effective date must be within 90 days AFTER the Certificate of Authority has been filed by Secretary of State)	
Nature of Business: To provide residential security-related products	s and services			
2. Principal Office Information				
Street Address of Principal Office: 1523 26	Sth Street			
City: Santa Monica	State	: CA	Zip:	90404
Mailing Address of Principal Office (if different then above):				
City:	State);	Zip:	, —,
Street Address of Required Office in Home Jurisdiction (if applicable):				
City:	State	:	Zlp:	
Mailing Address of Required Office in Home Jurisdiction (if different than a	bove):		1	
City:	State	9 :	Zip:	

REQUIRED: A Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.

CORPORATIONS INFORMATION AND ASSISTANCE - (360) 725-0377



3 Pagistored Agent Information (see instr

Registered Agent is a: (select one) Commercial Registered	gistered Agent	Non-Commercial F	Registered Agent
egistered Agent Name: Corpora	ation Service Compa	ny	
nysical Address in WA (required if non-commercial registered a	gent):		
ity:		State: WA	Zip:
Mailing Address in WA (optional):			<u> </u>
NIL .		Tours	17:
City:		State: WA	Zip:
it will be my responsibility to accept Service of and to immediately notify the Office of the Sec		ign or change my ac	•
Signature Signature	Print Name	Title	08/04/2017 Date
Melvin Tang Address: 1523 26th Steet Governing Person Name 2: Leila Rouhi Shaffer	City:	President, CEO an anta Monica Secretar	State: Zip: 90404
Address: 1523 26th Street	City: Sa		State: Zip: CA 90404
Governing Person Name 3:	Title:		····
Address:	City:		State: Zip:
Governing Person Name 4:	Title:		<u></u>
Address:	City:		State: Zip:
5. Executor Information			<u> </u>
This record is hereby executed under penalties of	f perjury, and is, to the l	best of my knowledge	e, true and correct.
1		•	014147
	la Rouhi Shaffer	Secretary	8/1/17



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RING PROTECT INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RING PROTECT INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 202988659

Date: 08-02-17



Transaction Request Form

This Box For Office Use Only

CHECK ONE:	□ EXPEDITE (\$50)	□ ROUTINE (NO EXTRA \$)	COUNTER WAIT (\$50)
1. RING PROT			Transaction Use Codes Listed Below A
<u>2.</u>			
· · · · · · · · · · · · · · · · · · ·	Trai	nsaction Request Codes	
File Documents		<u>View/Ob</u>	tain Documents
A. Articles		G. Long Form Cert	tificate of Existence
B. Reinstatement		· ·	tificate of Existence
C. Summons		I. Photocopies of	
D. Trademark			s of
E. Apostilles: Countr	у		
F. Other		Additional Information	on:
	3 T 3	saction Requested By: ACCIFACTS RESCATCH OD Deschutes Way SW Suite 3 umwater WA 98501 60-956-3990 nita@accufactsresearch.com	754623-005
		Office Use Only	
cos		INC./0	QUAL./REINST
COP			/MER./DISS
PHO		ANN.I	RPT./AGENT
APO		RES.	REG
OTHER		TRAD	DEMARK
EXP FEE		OTH	ER
TOTAL \$230		TOTA	1

Transaction Request Form